



**Society for Social Work Leadership in Health Care
Mentorship Program Application**

Applicant Information:

Please check one: Mentee Mentor Both

First Name: _____ Last Name: _____

City& State: _____ TimeZone: _____

Phone: _____ E-mail: _____

Years in Position: _____ Years in Profession: _____

Please briefly describe why you want to become a Mentor/Mentee:

Please briefly describe what types of skills you would like to develop or guide others to develop as part of the Mentorship Program and what you hope to gain from this experience?

I have included my resume with this application: Yes No

Please indicate which of the core program areas you wish to explore as the basis for a mentoring relationship:

- Creating an Abstract
- Grant Writing
- Staff Expansion
- Performance Improvement Project
- General Mentorship
- Other: _____

I _____ confirm that the information provided in this application is true to the best of my knowledge and that I have read and understand the program description and its requirements. I understand that the submission of this application does not guarantee my participation in the SSWLHC Mentorship Program and, if accepted, I may be placed on a waitlist based upon availability of resources at the time of application. I understand that this information will be shared with mentor application committee and my chosen mentor.

I also hereby agree to hold harmless and indemnify the Society for Social Work Leadership in Health Care, its officers, agents and employees from any and all liability, loss, damages, costs or expenses which are sustained or incurred in connection with or in the course of the Mentorship Program.

Signature _____

Date _____

Please email your completed application along with your resume to mentorship@sswlhc.org
Your application will be reviewed by the committee. The committee makes the matches on a quarterly basis.

Society for Social Work Leadership in Health Care
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